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REPORTS INVENTORY												CONTROL NO.		
PREPARE IN DUPLICATE											DDS/OL/RECD-14			
i. TITLE OF REPORT (if a fill-in report include Form No.)													STATISTICAL	
Cost Reduction Program											OF REPORT	X	NARRATIVE	
Cost Reduction Program PERSONNEL TRAINING										· · · · · ·	NEFUNI		MACHINE-NAME LISTING	
3. FUNCTIONAL AREA I			LOGISTIC	+	TRAINING SECURITY				↓	ADMIN.	GENER	AL		
3. FONOTIONAL AREA		<u> </u>	MEDICAL							9	OTHER (s	specit ⊇	fy)	
4. NO. OF COPIES PREPARED				1			1	•						
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7. FORMAT (memorandum, form			8. ADP PROCESSING 9- DIRECT							RECTI	TIVE AUTHORITY REQUIRING REPORT			
computer print-out, etc)			YES IF YES GIVE ADP PROCESSING NO.											
Memorandı	X NO Bureau							eau d	of the Budget					
10. PREPARING COMPONENT (include lowest level FEEDER REPORTS (State total number and identify by Title													ntify by Title,	
			to repor	t)		For	m No.	, or nom	enclat	ire.	Attach sep	erate	e sheet if necessary.)	
RECD and Branches None														
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12. COST FACTORS A. MANUAL PREPARATION AND REVIEW COSTS														
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GRADE		RATE		X REPORT		REPORT			PARED	=	COST PER YEAR			
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TOTAL COSTS PER YEAR 41.56														
13. COMPLETE DET	AILED JU	STIFI	CATION FO	R THIS RE	PORT	(in add	itton	to dies	ot ive	· · ·			n item 9). IF KNOWN,	
INCLUDE DATE	REPORT	WAS F	IRST STAF	RIED AND C	OMPON	THE WHY	COTA	DITCHEN	DEALL D	ST AUT	mority CI	red H	n item 3/. IF KNOWN,	

Established by D/PPB for evaluation and validation and submission to the Burear of the Budget.